



Mid-Atlantic Regional Gang Investigators Network

PO Box 41 Fairplay, Maryland 21733-0041

Return completed application, payment and copy of you law enforcement identification to the address listed above

Applicant Information (PLEASE TYPE or PRINT CLEARLY)

Name (Last, First, Middle Initial):		Title/Rank:	
Preferred Mailing Address:		<input type="checkbox"/> Home <input type="checkbox"/> Work	
Mailing Address:		Preferred Contact Number:	
		() -	
City, State, Zip:		Alternate Contact Number:	
		() -	
Agency E-Mail Address:			
Agency Name (please do not abbreviate):			
Unit Assigned:			
Agency Class:		<input type="checkbox"/> Local (City/County) <input type="checkbox"/> State <input type="checkbox"/> Federal	
Agency Type:		<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Corrections <input type="checkbox"/> Criminal Justice Professional	

Membership/Payment Information:	
Membership Type:	Payment Type:
<input type="checkbox"/> Renewal <input type="checkbox"/> One Year Membership \$20.00 <input type="checkbox"/> Three Year Membership \$50.00 (Save \$10.00)	<input type="checkbox"/> Check (Payable to MARGIN) <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> PayPal (website only)

MARGIN Use Only			
Payment Received:	/ /	Entered into Database:	/ /
Payment Type:		Member Number:	